

PENNSYLVANIA



BABY BOOK



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THE PENNSYLVANIA

BABY BOOK



A concise account of the care that should be given the
expectant mother, and her baby

PRESCHOOL DIVISION
BUREAU OF CHILD HEALTH
DEPARTMENT OF HEALTH
OF THE
COMMONWEALTH OF PENNSYLVANIA

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PREFACE

This booklet is intended for free distribution to Pennsylvania mothers, by the State Department of Health. All mothers should know the simple facts about pregnancy, child birth, and baby care, which, if acted upon, will prevent much illness and many deaths. All the instruction given here is to supplement the doctor and the nurse.

Every child must have a fair start in life, a square deal given it by its father and mother, both of whom owe each child they bring into being a chance for a healthy babyhood, and a chance for normal growth and development.

Every mother has a right to a "comfortable pregnancy, a safe labor, and an uneventful recovery."

Nothing can take the place of healthy parents. We must give our babies in Pennsylvania a square deal.

THE PENNSYLVANIA BABY BOOK

BIRTH REGISTRATION

The law of Pennsylvania requires that, within 10 days of the baby's birth, it be reported by the physician, the nurse, or midwife, in attendance, father or mother, householder or owner of premises, manager or superintendent of public or private institution, or other competent person, to the local Registrar, who in turn reports it to the State Department of Health. Penalty for failure to comply is punishable by a fine of not less than \$5.00, or more than \$50.00.

Recent legislation also provides for a certificate of registration being returned to the parents.

If you are not sure that your child's birth has been registered, write to the State Department of Health, Harrisburg, and if there is no record, a blank will be sent you on which you may give the facts required concerning your child's birth yourself, and mail it back to Harrisburg.

Falsifying a report, either as to names, dates or other matters, is a grave injustice to the child as well as a breach of the law.

The following reasons for birth registration are important for every parent or guardian to know:

- To prove age, parentage, nationality, and therefore citizenship.

- To prove inheritance rights.

- To prove the right to attend school.

- To prove the right to work.

- To prove the right to vote.

- To prove the right to marry.

- To prove the right to hold office.

- To prove the right to military service.

- To prove the right to enter professions.

- To prove the right to enter civil service.

- To prove the right to join the army or navy.

- To prove the right to establish ability to make contracts.

- To prove the right to travel.

THE BABY'S PARENTS

Both father and mother must be free from disease if they are to beget healthy children. Healthy children can only be born of healthy parents. It is against the law in this state for feeble-minded persons to marry, for feeble-mindedness may be passed on from parents to children. Weak and sickly persons, or those suffering from tuberculosis, or venereal disease, should not become parents, because their children will show defects which handicap, and may even kill.

Healthy mothers and fathers, therefore, we must have.

THE BABY'S HOME

In order that the parents and the baby may be safe, it is necessary that: The house be in good repair, not damp, with no leaks in the roof, with windows to let the sunshine in; with a cellar that stays dry, good ventilation, no musty odors. Furnace heat is better than stoves. Oil and gas stoves exhaust the air in a very short time. An open grate must be protected when the baby begins to creep, because of the danger of fire. There should be screens at windows and doors, and if possible a screened-in porch; good sewer connections if possible and decent toilet arrangements; a covered garbage can; no refuse, manure heaps, ashes, pig-stye, or puddles, near the house; a clean, orderly yard; all steps in repair.

PREGNANCY

Every expectant mother should put herself in the hands of a competent doctor from the beginning of pregnancy. It is the only way for mother and child to have the best chance for a happy outcome.

The care of the baby begins nine months before it is born. It is alive all that time, and depends on its mother for perfect care, while it is still unborn. The mother has several months in which to give herself, and have given her, by her husband and her other children, the best care, that she may bring a perfect baby safely to its birth.

THE SIGNS OF PREGNANCY

Several early signs indicate that conception has taken place:

(1) Stopping of the monthly periods is often the first indication; it must not be forgotten that periods stop for other reason, e. g.

anemia, excessive fatigue, excessive emotional disturbances, etc. And, rarely, menstruation continues throughout the pregnancy.

(2) Nausea and vomiting usually occur in the early weeks and then disappear after the first two or three months.

(3) Changes in the breasts usually occur in the second and third months.

(4) Frequent urination in the early weeks is often a cause of annoyance, disappearing later on.

Later, other signs appear, e. g. from 4½ to 5 months "quickening" occurs, when the baby, exercising itself, is strong enough to make its movements felt. The mother notices the increase in the size of her abdomen from month to month and towards the end she finds inconvenient the extra weight; and the crowding against her other organs by the enlarging uterus makes eating a very full meal, breathing, and moving about not quite so comfortable.

The pregnancy lasts about 280 days and during all that time her health and vigor should be at their best. Pregnancy should make no mother ill.

THE HYGIENE OF PREGNANCY.

There are several things that every pregnant mother should understand in order that her daily habits and the routine of her activities may build up and never break down her best strength.

WORK AND EXERCISE

She should not work quite as hard as usual.

She should exercise regularly and with enjoyment each day; by walks through the whole nine months; by moderate house work with the windows open; by driving or motoring, which must not take the place of the other exercise.

She must have 8 or 9 hours of sleep every night and a resting time in the middle of the day.

DIET DURING PREGNANCY

During pregnancy, a mother's diet need not differ materially from that to which she has been accustomed, provided that her usual habits of dieting have been suitable. Any food or drink which causes discomfort or distress should be given up.

The baby is going to get all the building materials for its body from the food its mother eats, or from her body tissues. The mother's wrong diet during pregnancy makes, for her baby, soft milk teeth, which soon decay, and also affects the baby's permanent teeth which have their beginnings in the gums before birth. For the baby's sake, therefore, as well as for her own, the right diet is very important.

SOUPS—of all kinds, particularly purees, and thick vegetable soups.

MEATS—chicken, beef, ham, bacon, lamb and tender lean mutton or fish, once a day. These should never be fried.

EGGS—in place of meat.

CEREALS—of all kinds, with preference given to cooked ones.

BREAD—of all kinds, but never fresh from the oven. Moderate use of pancakes and waffles. Coarse breads, brown or whole wheat, or corn bread, are more laxative.

VEGETABLES—in abundance, especially the leafy ones, (e.g. lettuce, cabbage, spinach, asparagus,) in preference to the root varieties.

No vegetables should be fried; boiling or baking, or steaming, are always the preferred ways for cooking them.

DESSERTS—plain puddings and custards, ripe fruits, cooked fruits, ice cream. Raw fruits before breakfast and at bed time are often laxative.

Omit pastry and rich desserts and all highly spiced things.

DRINKS—use tea and coffee very sparingly, one cup a day. Drink milk, cocoa, luter-milk. No beer or alcoholic stimulants should be taken. The baby is harmed by alcohol, because it acts as a poison.

WATER—five glasses or more each day is very essential, taken between meals.

CLOTHING

Clothing should be loose, not too heavy, and supported from the shoulders. Avoid wet feet and wet clothing. Round garters should not be worn as they are apt to interfere with the circulation in the lower limbs. Avoid high-heeled shoes. Broad low heels and ample room for the toes with a flexible instep are best.

BATHING

Bathing daily by sponge or shower is necessary for keeping the pores of the skin open. Warm tub baths may be taken till toward the end of the pregnancy when, with the mother's increasing weight, the danger of slipping and falling is serious.

CARE OF THE BREASTS

Daily cleansing with soap and warm water is good for the nipples.

The breasts and nipples should have some extra attention toward the close of pregnancy. As there are different ways of caring for them, consult the doctor or nurse. Use no poultices or lotions unless prescribed.

If the nipples do not protrude, (are "inverted") consult the doctor or nurse.

CARE OF THE TEETH

The teeth are sometimes troublesome during pregnancy. Have them examined at the beginning, brush them three times a day, use also a salt water mouth-wash several times daily, and always after vomiting, if that occurs. Have teeth extracted during pregnancy only on your doctor's advice.

A PIECE OF GOOD ADVICE

Live a simple, regular, normal life throughout the nine months. There is no reason why a mother should be ill, and every reason why she should be well. The superstitious advice of friends and neighbors can do no good.

Cultivate a cheerful habit of mind.

COMMON DISTURBANCES OF PREGNANCY

If the "morning sickness" is present, seek advice from the doctor or nurse. A dry cracker or piece of toast, eaten before rising may relieve. Lie down if nauseated, so as to prevent vomiting, if possible.

Gas ("heart burn") may be relieved by regulating the bowels. It will be found that such vegetables as parsnips, beans, and corn, candy and fried foods, also cake, pastry, etc., often increase gas formation.

Swelling of the feet may be relieved by sitting down frequently and elevating the feet. Slight swelling is common. If it becomes marked, consult the doctor.

Varicose veins indicate that one should keep off the feet as much as possible. It may be necessary to wear a bandage, or an elastic stocking, in the day time.

Hemorrhoids are sometimes relieved by simply regulating the bowels. If they continue to give trouble, lying down with the hips elevated and the application of hot, or ice cold compress may relieve. Witch hazel compresses are also good. If not relieved, consult the doctor.

Cramps in the legs come from the weight of the heavy uterus pressing down on nerve trunks. Lying down with hips elevated and perhaps applying heat to the limbs may relieve.

Constipation must be avoided. Getting daily movements depends on proper eating and exercise and regular habits. Have the habit of going to the toilet each morning after breakfast. Do not use pills, or other laxatives, or enemas, except as prescribed by a doctor.

WHEN TO CONSULT THE DOCTOR

AT THE VERY BEGINNING, when pregnancy is suspected every mother should at once put herself in charge of a competent doctor who will give her care and advice through the whole nine months.

Special danger signals should never be ignored. The doctor should be notified at once if there be:—

Persistent vomiting.

Persistent headache.

Failure to feel the baby moving after "life" has once been felt.

Dizziness.

Puffiness about the face.

Swelling of feet and ankles.

Blurring of the sight or black spots before the eyes.

Sharp pain at the pit of the stomach.

Any discharge from the vagina, bloody, watery, or white.

Pain in the back with cramps in the abdomen, before the expected date of confinement.

Any other unusual development.

A sample of urine should be examined by the doctor every month up to the seventh; after that every week. Measure the quantity passed in the 24 hours just before taking the sample. There should never be less than three pints. The doctor will want to know the quantity each time an examination is made.

Miscarriages:

Miscarriages are most apt to occur in the early months, the third and fourth. Guard against fatigue, excitement, jolts, or violent exercise. The common signs of a threatened miscarriage are bleeding and pain. Rest and quiet are the best preventatives. If the slightest bleeding occurs, go to bed and report to the doctor at once.

If the miscarriage occurs, the stay in bed and special care are even more necessary than if there had been labor at the full term. Permanent invalidism may result from carelessness after miscarriage.

CONFINEMENT

A skilled physician should attend every case of labor and should have been in charge of the case from the beginning of pregnancy. If it can possibly be arranged, a hospital is the best place for both mother and baby for confinement.

CONFINEMENT IN THE HOME

All preparation for a home confinement should be completed a full month beforehand.

Have a bright sunny room, freshly cleaned, without hangings, except perhaps wash curtains at the windows; no upholstered furniture, a single bed with firm mattress, and high if possible, to make nursing

easier. Have also a table, several chairs, one comfortable arm chair for the early hours of labor before it is necessary to be in bed. On the floor have small easily removable rugs, with newspapers in abundance to protect the floor around the bed. The toilet arrangements should be as conveniently near the confinement room as possible.

ARTICLES NEEDED FOR CONFINEMENT

For the Mother:

6 Towels

6 Sheets

3 or 4 pillow cases

4 Nightdresses

A pair of white stockings

1½ Yards Rubber Sheeting or plenty of old newspapers to protect the mattress

1 lb. of Sterile Absorbent cotton

1 Package Sterile Gauze

A covered waste jar, or enamel bucket

Basin and Pitchers

Fountain syringe and nozzles (Rectal and Vaginal)

Douche-pan or bed-pan

Soap (Castile)

Hand brush

Lysol

2 dozen large safety pins

White Vaseline

2 yards stout white cloth 18 inches wide for abdominal binders

A large amount of hot and cold water will be needed at the time.

Bed pads may be made from 6 thicknesses of newspaper open to full size and covered with freshly laundered old muslin tacked in place. No other protection for the bed is necessary. As a precaution, when possible, the entire mattress may be covered with oilcloth put on under the bottom sheet. All washable supplies for mother and baby should be freshly laundered and put away in pillow-cases or clean ironed paper until they are needed.

"Sanitary" pads or dressings ("guards"), may be bought, or made at home of gauze and cotton. They should be sterilized with the help of the clinic nurse, or under her directions. After boiling in the wash-boiler and being dried in the oven they should be put away, carefully covered, in a box.

THE BABY'S NEEDS

The following is a list of the complete outfit of baby clothes and toilet necessities. It may be modified as to material, quantity and quality to suit the individual taste and pocket book. Standard Red Cross material may be used.

- 24 diapers 22" x 22"
- 3 bands 6" x 27" of soft flannel
- 3 shirts, size 2 of cotton and wool
- 3 petticoats of white muslin
- 1 oilcloth or rubber 12" x 18"
- 1 basket or box 15" x 30" for bed
- 1 felt pad or folded blanket for mattress
- 1 oilcloth case for mattress
- 6 oz. sweet oil or albolene
- 3 slips
- 2 squares of blankets 36" x 36". The squares are used instead of coat and bonnet until baby is more than two months old.
- 2 muslin pillow slips for mattress
- 4 towels of soft linen
- 2 crib blankets
- $\frac{1}{2}$ lb. package absorbent cotton
- Cornucopias or paper bags for waste
- Covered pail with borax water for soiled diapers
- Tray fitted with:—
 - Glass jar for boric acid solution
 - " " " oil
 - " " " nipple swabs
 - " " " absorbent cotton
- (Glass jars for tray may be jelly-glasses.)
- 12 small safety pins

- 12 large safety pins
- 6 oz. boric acid powder
- 2 wash cloths of old linen
- 1 piece Castile soap
- Bottle and nipple for giving baby drinks of water
- Unscented talcum powder

THE FIRST CARE OF THE BABY

Baby should be wrapped in a clean warm blanket, and laid in a warm convenient place until the mother has been cared for.

When his turn comes, the doctor or nurse should look over his entire body to see if he is perfect. Next he should be rubbed with cocoa butter, vaseline or olive oil; oily substances remove the cheesy coating on the baby's skin, better than soap and water. This is then wiped off with a soft towel,—no bath need be given. The cord should be dressed with a powder made of equal parts of salicylic acid and starch, or salicylic acid and boric acid, and then be covered by a sterile gauze dressing, held in place by the binder. The eyes should receive proper treatment to prevent their becoming sore.

The diaper should be put on with a square of old linen so placed as to receive the bowel discharge. This can be thrown away, saving the diaper from soiling. The first material passed from a new-born baby's bowels is very hard to wash out. Other clothes should be put on and the baby put in his crib, or basket, without nursing, to sleep as long as he will.

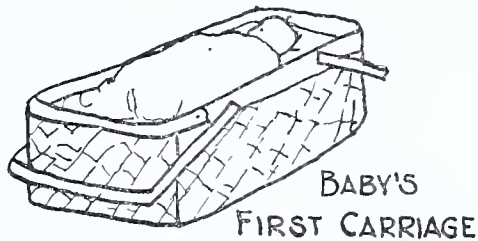
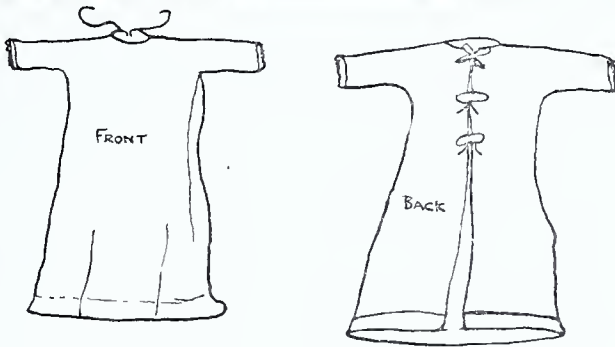
FIRST NURSING INSTRUCTIONS

It seldom happens that a mother cannot nurse her baby. Ignorance of some simple facts, poor advice from neighbors or relatives or friends may cost the life of the baby because it did not have its own mother's milk. Several bottle-fed babies die to one who is breast-fed.

A baby should be put to the breast within twelve hours of its birth. Milk will not appear until the third day, but the little fluid, colostrum, which is present has a beneficial effect, and sucking is helpful to both mother and child.

The nipples and breasts must be kept clean. For the nipple, before each nursing wash gently with boric acid solution or plain water and dry before the baby begins. Repeat the cleansing and drying afterward. If the nipples become cracked, consult the doctor. Abscess in the breast may start from neglected cracks.

Milk begins to be very abundant in the breasts on the third day, possibly the amount of liquids the mother is taking will need to be reduced for a few days. On the other hand there may not be enough milk, but under proper care it can be improved in quantity and quality. It is best to have the baby nurse infrequently, say every six hours the first twenty-four to thirty-six hours; then more frequently, every three or even four hours for the first month, with but one nursing during the night. We now know that it is not necessary to feed the baby oftener, and that after the baby is four months old, the night feeding may be left out.



DIET FOR THE NURSING MOTHER

The 1st, Day, light diet, milk, weak tea with cream and sugar. Toast or bread and butter.

2nd Day, same, with baked potato, apple sauce, or ripe peaches, soups, custard, junket.

3rd Day, add fish or chicken with green vegetables.

If very much milk comes the third day, lessen the amount of liquids taken for a few days, then increase again, and form the habit of taking plenty of water, three or four times a day. Drink from one to two pints of milk daily.

MILK IS A GREAT PROTECTIVE FOOD, YOU MUST HAVE IT

After the third day, keep the same diet as before the baby came, unless it is found unsuitable:

All kinds of soups.

All kinds of fresh fish, boiled or broiled, or baked.

Meats once a day, beef, mutton, lamb, ham, bacon, chicken, turkey.

Eggs, one or two a day.

Cooked cereals with milk, or cream, and sugar; especially corn meal.

Stale breads, avoiding fresh bread and rich cake.

Green vegetables, peas, string beans, asparagus, cauliflower, spinach, celery, lettuce, cabbage.

Root vegetables, white and sweet potatoes, beets, carrots, turnips. (The root vegetables sometimes cause flatulence).

Plain desserts, custards, rice pudding, ice cream. No pastry.

Drinks: Milk, butter-milk, cocoa, plenty of water, one to two quarts per day. Tea and coffee sparingly, if at all.

The nursing mother should not overeat in order to have enough milk for the baby. Overweight is a great drawback.

RULES FOR INCREASING THE MOTHER'S MILK

If the mother has not enough milk it may be increased:—

BY massage and sponging the breast twice a day with hot and cold water.

BY completely emptying the breast at each nursing either by the baby or by "expression."

BY improving the mother's general health by plenty of fresh air, daily bathing, daily exercise, afternoon rest and at least 8 hours of rest each night; regular habits with the bowels.

BY having her eat the right food and drink.

BY having the baby nurse regularly and not too often.

By a quiet, even life, without worry.

She should have:

Plenty of milk and cream, oatmeal and other cooked cereals, e. g. corn meal mush.

Plenty of vegetables, simply cooked.

Very little tea and coffee.

Extra glasses of milk between meals.

GENERAL CONSIDERATIONS FOR THE MOTHER

1. The mother should stay in bed ten days after confinement, being propped up for her meals after the first day or two. After the third day she should lie on her abdomen for 15 minutes, twice a day. This will help to keep the uterus from falling back. She may sit out of bed on the 10th day and go down stairs after 2 weeks.

2. She should be free from anxiety, worry or excitement.

3. Her diet should be outlined by the doctor or nurse. It should in any case be plain, well balanced, ample, consisting of light, nutritious, easily digested foods, prepared in an appetizing way. Her feeding of her baby depends on her proper feeding of herself.

4. She should avoid alcoholic drinks and excessive amounts of tea or coffee, but take plenty of good milk, not less than a quart a day.

5. She should drink 6 to 8 glasses of water daily.

6. The bowels should move every day regulated chiefly by laxative foods. Drugs or medicine of any sort should not be taken without the advice of the doctor.

7. By the time the baby is one month old, moderate exercise, out of doors is a good tonic for the mother. Walking is healthful. Nothing should be done to tire. The mother's strength should never be over taxed.

8. Sleep and rest are important, at least 8 hours every night with the windows open. A rest period during the day is desirable.

9. Daily warm bathing is an excellent habit.

*A HEALTHY, HAPPY NURSING MOTHER
MEANS
A HEALTHY, HAPPY BABY*

THE BABY'S HEALTH HABITS

FEEDING THE BABY

1. Put the baby to the breast regularly; be guided by the clock. Wake for feeding, but for nothing else. Keep to the same hours every day.

2. A feeding should usually last not more than twenty minutes. Do not let him go to sleep during that time. If a baby is not satisfied after twenty minutes, consult the doctor.

3. If the baby cries between feedings, give plain water which has been boiled and cooled, from a bottle with a proper nipple.

4. Nurse from alternate breasts, each being completely emptied every six or eight hours, as the case may be.

5. When the baby is six months old, nurse every four hours, and only five nursings in twenty-four hours, if this longer time between feedings has not already been begun.

It is not usually a good plan to let the baby nurse from both breasts at a single feeding. This part-emptying of the breasts is one reason for the milk "drying up" as it is with cows whose bags are not entirely emptied at a milking.

If the baby does not empty the breast, "MANUAL EXPRESSION" is better than a breast pump, to complete the emptying. It is done as follows:

Have the hands perfectly clean, scrub them well with soap, warm water and a brush. Grasp the breast just back of the areola with the thumb above and index and

second fingers below the nipple. Make pressure, deeply, and firmly, backward into the breast substance,—the “deep” motion. Keeping up the pressure, bring the finger and thumb together to force the milk from the little pockets in which it accumulates. The fingers should not move on the skin. It is a ‘milking’ motion that should produce steady streams of milk into the glass held by the other hand.

Between feedings give a drink of plain water which has been boiled and cooled—from a bottle.

The baby if awake, may have a drink of water after the nursing; do not try to clean the mouth in any other way.

Do not overfeed. Vomiting and “spitting up” may mean the stomach is too full, or the nursing was too rapid.

Nurse every three hours during the day and every four hours at night for the first three months; after that, every four hours, and omit one night feeding.

The longer interval, i. e., 4 hours between feedings, is found to be better for many babies from the earliest weeks.

From six months to weaning time, breast feedings may be supplemented as follows: a tablespoonful of oatmeal or barley jelly, well mixed with an ounce of warm, fresh milk, may be given after the ten A. M. and two P. M. breast feedings. Or a bottle of two parts fresh cow’s milk and one part water, boiled together for three minutes, may be given in place of one breast feeding. Orange juice and water, from the bottle, may be given between feedings, as a drink—at two months start with one teaspoonful of orange juice to two teaspoonfuls of water. At three months increase to two teaspoonfuls of the juice to four of water. Tomato juice, either fresh or from a freshly-opened can, may be used in place of orange juice.

The baby should have a few sips of water after each feeding, to cleanse the mouth.

After nine months baby may have, in addition to milk and cereals and fruit juice, a crust, or piece of dry toast, after his feeding, also broth of beef, mutton or chicken, and vegetable soup (the vegetables having been mashed and put through a sieve); also scraped apple. Only one new article should be added at a time. Between feedings, a drink of water (which has been boiled and cooled) may be given, especially if the baby wakes and cries.

WEANING

It is usually best to wean the baby when from 8 to 10 months old. Indications for early weaning are not many, and some excuses formerly regarded as legitimate, are now known to be without reason.

The monthly period should not interfere with breast feeding. If the breast milk seems less in quantity at that time, it may be supplemented by a bottle formula under the doctor's direction. One should not wean in hot weather unless absolutely necessary.

If begun at 8 months of age, the giving of two or more bottles at the regular feeding times in place of the breast is usually the method followed, increasing these until the breast is not offered at all. If the baby is 10 or 11 months old, he can learn to eat from cup or spoon rather than take his food from the bottle.

BATHING THE BABY

The baby should be bathed every day; for this there should be provided a small tub, or a large basin, kept scrupulously clean, and used for nothing else. The room in which the bath is given should be warm (70°) and not drafty. The temperature of the water should not be more than 100° , better 95° . A bath thermometer is not costly and makes for exactness. To test the water without a thermometer, if it feels comfortably warm to the elbow, it is right. After the cord has dropped, the baby may be placed in its bath supported on the left arm of the nurse. It should never be left alone in the tub. Three or four minutes is long enough for the bath to last. A soft wash-cloth and castile soap should be used. The baby, on being lifted out, is placed on the lap-pad (made as an apron from a piece of a soft, old blanket), and dried quickly with a soft towel. The bath should come preferably in the morning just before feeding time, so that, after it, the baby will be ready for its food and a long sleep. Shield him from drafts after a warm bath, as he is more susceptible to cold then. Never fear that bathing will cause colds. Colds do not come that way, unless he is chilled, and there is no reason for letting him be chilled.

The bath should be made less and less warm, as the baby grows older, growing tepid, then cool, and as he begins to walk, still cooler. A cold sponge is a good life habit for every one. It makes for health, strength, and beauty.

DRESSING THE BABY

Babies are more sensitive to heat and cold than older persons. All clothing should be light and loose and suited to the season. Underwear should be of wool, or mixed cotton-and-wool or silk-and-wool material. The flannel skirt and the dress should be longer than the baby to keep the feet warm. The baby's face should not be covered. Veils keep fresh air away. Diapers should be of soft, light, absorbent material, canton flannel is not recommended. Triangular folding is not considered best. The new way to put on diapers is the "Square Way". This avoids thick bunching of the ends between the limbs. Four pins are used, two on each side. The diaper put on in this way gives freedom and comfort to the legs. If waterproof diapers are used it must be with great care. They shut off air from the body, and may cause chafing. The child's good habits of emptying the bowels and bladder regularly should make the use of waterproof diapers unnecessary except on special occasions.

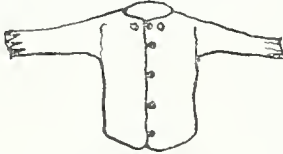
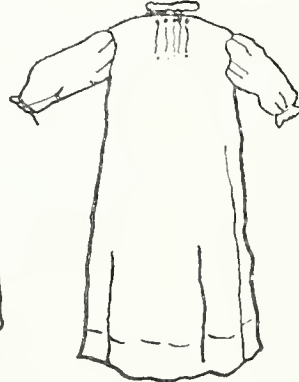
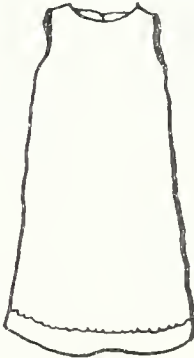
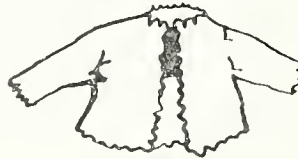
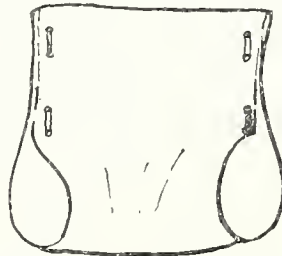
LIST OF BABY CLOTHES

Every article should be of such size and shape as to permit the baby perfect freedom of motion.

- 3 shirts
- 3 flannel skirts
- 4 plain muslin slips
- 2 dozen small diapers, 22x44
- 1 dozen large diapers, 25x50
- 2 pairs socks
- 2 flannel or knitted sacques
- 1 long cloak
- 1 woolen cap
- 1 pair mittens
- 2 small blankets for cold weather

THE BABY'S BOWELS

The first passages are a thick, dark, extremely sticky material, meconium. The stools gradually become light yellow in color, and in a breast-fed baby, are usually of a bright orange. More than four in 24 hours should be reported to the doctor. By the time the baby

**A****B****D****C****F****E****A**-Flannel Binder**D**-Muslin Slip**B**-Shirt**E**-Flannel Sacque**C**-Flannel Skirt**F**-Binder

The "SQUARE" way of
putting on a DIAPER

is four months old, soiling of a diaper need not occur. Beginning in the early weeks by observing the usual time when the bowels move, and holding the child over a vessel, a good habit is formed, and much unnecessary work in washing is done away with. This regular habit, started in infancy, is a great advantage and tends to train the child away from the dangers of constipation. By persistently attending to this for one week the habit can be formed. The small baby will, with surprising quickness, adopt the holding of its stool until freed of the diaper, and properly placed. It is sometimes an advantage to use a "soap-stick", whittled to the shape of a blunt lead pencil about an inch in length. Dip in warm water to make it smooth and slippery. Insert and hold the warmed cup or vessel to receive the stool which will usually come promptly.

THE BABY'S SLEEP

At first he sleeps 20-22 hours until two months old. Gradually he is awake for a little time, at long intervals. After two months there should be a long sleep, morning and afternoon. Rocking to sleep, trotting, shaking, patting, and "pacifiers" only get the baby into bad habits. From the very first, place him in his own separate bed, or crib, at his regular sleeping hours and let him go to sleep, in a well-ventilated room, with fresh air. Table felting, folded, makes a good mattress for the crib, or basket. No pillow is needed until the baby is two months old, and then only a very small one. He should never sleep with anyone.

SLEEP TABLE

New-born baby, and up to 2 weeks: 20 to 22 hrs.

Gradually more hours awake.

At end of 2 years, 18 to 15 hrs. with long naps A. M. and P. M.

Afternoon naps until 4 to 4½ yrs. After naps stop, a midday rest.

2 to 6 years: nights 14 to 11 hours, naps 1 to 2 hours.

As the child grows, through preschool years and school years, the hours of sleep at night may decrease slowly. But many children of all ages, get far too little sleep; 9 to 10 hours are needed even by high school pupils.

Out-of-door sleeping is an excellent habit, and one to which the child can become accustomed day and night, except in severe weather. Children who sleep out-of-doors are stronger and take cold less easily. If inside, the windows should be open, always avoiding drafts. The hands and feet should always feel warm. The baby should not perspire from too much covering. The day clothes should be replaced by clean comfortable, night clothes. See that bedding, diaper and clothing are smooth and unwrinkled. If the baby cries when he should sleep, it is because he is sick, over fed, hungry or uncomfortable. During sleep the little baby usually has his arms up. In sleep every baby should lie quietly with limbs relaxed and without tossing about.

THE BABY'S EXERCISE AND PLAY

Let the baby take exercise in his own natural way; the normal healthy baby does not need to be encouraged to play, and as much of his play as possible should be out-of-doors.

Babies like to romp, but such romping should not over-excite them and should never be indulged in at bedtime.

A clean sheet, or comfort, or blanket on the floor keeps the baby safe from germs and dirt. Such covering should itself be kept clean.

Playing on the floor in cold weather often means drafts,—small babies may play on the bed or "Kiddie Koop."

Kicking with clothes off, and crawling about, as he grows older, are good exercise. Be sure he is in no danger from a stove or an open fire-place.

Never leave a baby fastened for a long time in high-chair or go-cart.

Allow him to pull himself up and stand as he wants to, but do not urge standing or walking until he tries to do it of his own accord.

Sitting-still games for small children are of doubtful value; the use of arms and legs out-of-doors is better.

A "creeping-pen" gives a baby plenty of safe room for exercise, and protects him so that he can move at will. Such a pen should have a clean floor covering, cork, or soft rug, to save the baby from bumps. Combination of sleeping and play-pen is not desirable, unless all the bedding can be removed when it is to be used for play.

Have only playthings that can be kept clean.

A word of warning about baby carriages and go-carts: use small low go-carts only for convenient carrying, not for pleasure vehicles. They are too near the ground, too unprotected and not adapted to comfort or safety.

RICKETS AND SUNSHINE

We now know that babies deprived of enough sunshine almost always show signs of rickets. Plenty of out-door air and sunlight are, therefore, two very important matters for every day. Rickets, if neglected, leads to serious results in later life. In baby girls, the bone changes occurring in this disease, may result in bad shapes of the pelvic bones. As the girl grows to womanhood this deformity will not correct itself and may mean for her grave difficulties in child bearing. See that your baby gets plenty of fresh air and sunlight every day. The sunshine must be direct, not merely that which passes through the window glass.

TWELVE THINGS WHICH ARE BAD FOR THE BABY

1. All kinds of candy, ice-cream, tea, coffee, and cakes.
2. A bottle nipple, a crust, or a bone tasted by someone else before giving it to the baby.
3. Using for the baby without washing, a spoon or glass, or cup, that someone else has used.
4. Sucking air from a partly-filled or an empty bottle.
5. Dirty playthings and toys.
6. Sneezing or coughing near the baby or letting a person with a cold come near the baby.
7. Unscreened windows and doors.
8. Flies.
9. Dusting or sweeping the room while the baby is in it.
10. Dogs and cats in the house.
11. Bright sunlight in the baby's eyes, whether awake or asleep.
12. Taking the baby into a home where there is illness.
13. Taking the baby to "movies," or to any other crowded places.
14. Picking the baby up the minute he cries. Just be sure he is warm and dry; that no pins are sticking him; that hands and feet are not cold. If there is no reason for discomfort let him cry.

REMEMBER

1. To see that your baby's birth is registered.
2. To go to the doctor about six weeks after delivery for an examination of yourself and baby, to be sure that you are both progressing normally.
3. To keep the baby clean and never to let him come in contact with anything that is not clean. A clean baby has a better chance to keep well.
4. That the baby is helpless and that he must look to you for his health and well-being.
5. That all the baby's habits should be as regular as possible,—sleeping, feeding, bathing, bowel movement, beginning with the first week of life. It is much easier to teach the baby good habits at the beginning than to break bad habits. Do not let bad habits be formed.
6. That 'showing the baby off' is bad for him—it excites and tires him.

THE BABY'S CRY

Babies learn easily if crying brings them what they want, and use it to get their wants gratified. Do not let them form this habit.

A Hungry Cry: This is a low whimper, with sucking of thumb, fingers, or lips, and becoming a lusty scream. To feed a baby always the minute he cries is to get him into one of the worst habits. He should get enough at each feeding to last until the next is due.

A Fretful Cry: He is uncomfortable in some way,—sleepy, too warm, tired of being in one position. If little changes fail to quiet him, a tepid sponge, a gentle rub, or changing his clothes may pacify. If you cannot stop the fretting, consult the doctor; he may be ill.

The Cry of Pain: A sharp cry or shriek with tears in the eyes, may mean colic, or a pin sticking him, etc. If it is colic, i. e. abdominal pain, he will draw up his knees and clinch his fists. A tight fist is usually a sign of pain.

The Sick Cry: A very ill baby does not cry hard. There may be a low moan or a wail.

THE SICK BABY

A wise mother will see the doctor or nurse at once if the baby is not well. Several things can be done while waiting for the doctor or nurse to arrive. If he vomits, has diarrhoea, has a hot skin, has an eruption; if he fails to keep warm; if restless, fretful, crying, or if the little body is limp, he needs some special care.

1. Call a doctor.
2. Stop all food; give only barley-water or plain boiled water.
3. Do not hold the baby,—lay him down and see that he is not covered too warmly, if feverish; or be sure he is covered enough, if hands and feet are cold, and that warm water bottles are placed in the crib.
4. Do not give any kind of medicine.
5. If feverish, a warm bath is soothing.

! ~~SEE PAGE 26~~

DANGER SIGNALS TO BE HEEDED

Learn to recognize quickly any changes in the baby,—unusual flushing; pallor of the face; rash; restless sleep; less energy; loss of appetite; perspiration, especially about the head; fretfulness; diarrhoea or other abnormal character of bowel movement; vomiting. Any of these things indicate that something is wrong; find out what it is and FIND OUT WITHOUT DELAY.

Bowel movements should be considered abnormal when there are more than three loose movements a day, (diarrhoea,) or the movements are frothy, slimy, bloody, or contain particles of undigested food. Extremely hard, dry, formed movements are also abnormal.

IN HOT WEATHER

Some of the disease from which babies die most frequently come during the hot summer weather. This is due to the fact that hot weather causes germs to grow in some kinds of food, especially in milk, so that feeding the "bottle baby" is not so easy as in the cooler seasons.

The hot weather is also favorable to the growth of flies and these insects carry germs from places of filth to the food and the playthings belonging to the baby; therefore, the house must be

carefully screened against flies, and kept as cool as possible. The baby must be dressed so that it is not overheated from unnecessary clothing.

Breast-fed babies are much less apt to have bowel-trouble than "bottle babies."

All bowel movements must be closely watched. Two or three loose movement a day may be the beginning of serious trouble. If the movements become green, loose, and frequent, stop all milk, and give only boiled water till the doctor comes. It is not best to try to wean a baby during hot weather; often, also, it is desirable to reduce the amount of food, while the heat lasts, giving less food and more water.

Do not keep the baby in the kitchen. Have him stay out in the fresh air as much as possible, in the shade, in yard or porch.

For a daily exercise time when too young to play, before he begins to run about, have on a cotton undershirt, with no other garment, and lying on, rather than wrapped in, his diaper. This makes him much more comfortable.

When the temperature is 55°—70° he should wear a wool or silk-and-wool band, a light cotton or silk-and-wool shirt, an outing flannel skirt with sleeveless cotton top, cotton socks, a diaper and a dress or slip. At lower temperatures, outer coat, blankets and hood may be added.

When the temperature rises to 70°, remove the flannel skirt.

When 75°, remove the stockings and shirt.

When 80°, remove the dress or slip, leaving the baby in a diaper and light band.

Besides his regular daily bath, two ten minute sponges may be given during the day, using cool water and a little soda, one teaspoonful to the quart.

If possible take the baby to the country away from the heat.

THE BABY'S WEIGHT

A baby should be weighed every week until he is nine months old. Then weigh every two weeks until he is a year old, and after that, at least once a month.

At birth, a baby should weigh about 7 lbs. For the first few days there is a loss, then gain begins and in from ten days to two weeks he gets back to birth weight and he should then gain from 4 to 8 ounces a week. Regular increase in weight shown by the scales usually means that the baby's food is agreeing with him, satisfying his hunger and giving him what he needs for growth.

The following table is true for the average baby. A baby may weigh, however, more, or less, and still be entirely normal. Regular increase is more important, than fitting the table exactly.

THE AVERAGE NORMAL BABY'S WEIGHT TABLE

End of 4 weeks normal baby should weigh 8 pounds 6 ounces.

End of 5 weeks normal baby should weigh 8 pounds 10 ounces to 8 pounds 14 ounces.

End of 6 weeks normal baby should weigh 9 pounds to 9 pounds 6 ounces.

End of 7 weeks normal baby should weigh 9 pounds 8 ounces to 9 pounds 14 ounces.

End of 8 weeks normal baby should weigh 9 pounds 14 ounces to 10 pounds.

End of 9 weeks normal baby should weigh 10 pounds to 10 pounds 8 ounces.

End of 10 weeks normal baby should weigh 10 pounds 6 ounces to 10 pounds 14 ounces.

End of 11 weeks normal baby should weigh 10 pounds 10 ounces to 11 pounds 4 ounces.

End of 12 weeks normal baby should weigh 11 pounds to 12 pounds.

After the twelfth week the baby should gain on an average of 4 ounces a week.

The regular increase in weight is of more importance than conforming to a table.

If there is not milk enough in the breast, or if it is not such that the baby is thriving, the doctor should be consulted. There are ways of increasing breast milk and improving its quality, if it is not nourishing the baby as it should.

IF THE BABY IS BOTTLE-FED

Be sure that the milk is from healthy cows, and kept clean. A speck of dirt in milk should keep you from accepting it.

Be sure to put the milk, covered, in an ice-box or refrigerator, as soon as delivered.

Be sure no fly has touched the milk you give the baby. Flies carry disease.

Be sure to boil the bottles or jars in which the milk is kept. Cool before filling.

Be sure to use round nursing bottles, not flat ones; have them graduated, and with wide mouths.

Be sure that the rubber nipples can be turned inside out for cleansing at least once a day.

Be sure that the nipple-end is completely filled with milk while the baby is nursing. Sucking in air causes colic.

Be sure to wash the bottles and the nipples at once after using,—first in cold water,—then in hot, with soap suds,—and then rinse in cold water.

Be sure to rinse the rubber nipples thoroughly in cold water immediately after using, and then drop them into a covered glass. They should be boiled every day.

Be sure to have a separate bottle for each feeding.

Be sure to allow 15, and not more than 20, minutes for the baby to empty the bottle.

Be sure to tell the doctor if you are in doubt whether the baby's food is agreeing with him.

Be sure to ask the doctor or nurse for instructions as to the baby's diet after the first month.

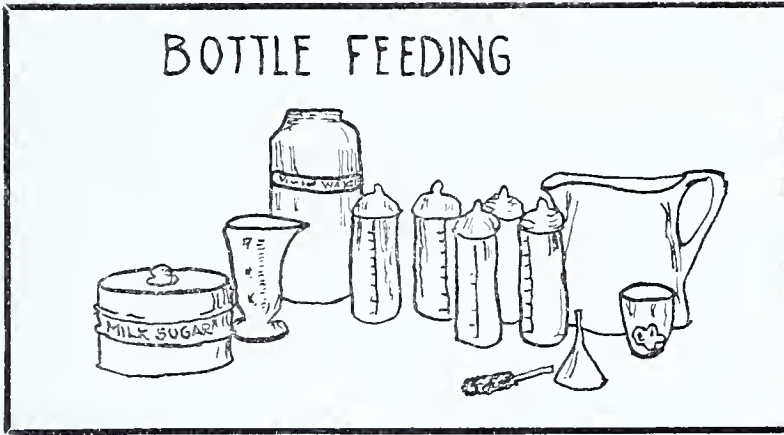
Be sure not to waste your money on patent foods and condensed milk, unless ordered by the doctor.

Be sure to give the baby a drink of cool boiled water between feedings.

Be sure you know what kind of dairy your milk comes from. Always get bottled milk,—never "dipped" or sold in "bulk." Insist on clean milk.

Be sure all bottles and dishes used in preparing the milk are boiled and kept clean.

Be sure that milk is kept cold. A cheap ice-box may be made at home and the milk placed in it as soon as it is delivered. Milk that has soured is unfit for the baby, and letting it stand outside the ice-box, especially when it is warm weather, will hasten the souring.



MODIFIED MILK

No food can be found so good for the baby as its own mother's milk. Breast-fed babies always have a better chance to live and grow strong; 80% of the babies who die are bottle-fed. If breast feeding is not possible then fresh clean cow's milk, pasteurized and "modified" is the best substitute. A doctor's directions are necessary for modifying the milk and those directions must be followed exactly. Patent foods should be avoided, except under special circumstances when prescribed by the doctor.

Be sure that milk is "modified" as soon as it arrives, always preparing the full number of feedings for the twenty-four hours. The exact amount for each feeding should be put in the bottle and corked with cotton or covered with filter paper, or rubber cap. Milk left over from one feeding should never be saved for another, or added to fresh milk.

TO PASTEURIZE

A pail nine inches deep and eight inches across, with a cover will do for pasteurizing. A rack to fit inside the pail, made of tin or wire, can be made by the tinner. Wide mouthed bottles are best. When filled the rubber caps or filter papers should be slipped on, the bottles placed in the rack, and the rack placed in water, in the pail over the fire. The milk must not be heated over 150° and a thermometer should be used, dipping into the water through the

cover of the pail; when the thermometer reads 150° set the pail on the back of the stove for 30 minutes; then cool the milk rapidly and keep on the ice. When a bottle is wanted for a feeding, heat by placing it in warm water. Test the milk warmth by letting a drop or two fall on the wrist. Never keep the night bottle warm all night. Heat it only when the feeding time comes.

Each bottle should be warmed at the time it is to be used.

Shake the bottle gently before feeding.

Hold the bottle while the baby is feeding.

Boil a pint of water in the morning and cool it for his drinks during the day, between feedings.

Never taste the milk by drinking from the bottle, or put the nipple in your mouth before giving it to the baby. Better pour a few drops into a spoon.

If you have milk from your own cow, the greatest care must be used to cleanse the cow's flanks, bag, and teats, before milking, and let the milker be sure of perfectly clean hands. Milk into a narrow-mouthed pail. Cover it instantly if the pail is set down. Strain, cool and bottle without delay. Your cow should be tuberculin-tested.

After three months use one raw egg-yolk in the day's feedings. Codliver oil is often given to prevent rickets in bottle-fed babies. This should be done under a doctor's directions.

IT REQUIRES CARE AND TROUBLE TO RAISE A BABY. IF PARENTS ARE NOT WILLING TO TAKE THE NECESSARY TROUBLE, THEY ARE NOT FIT TO BE PARENTS

The following articles will be needed in preparing the baby's feedings:—

8 wide mouthed feeding bottles.

1 dozen rubber caps or a packet of filter papers and rubber bands.

$\frac{1}{2}$ dozen nipples.

1 bottle brush.

1 graduated measuring glass.

1 two-quart pitcher.

1 funnel, enamel or glass, not tin.

1 pail or kettle for sterilizing.

1 tablespoon.

1 lb. milk sugar, kept in glass jar with the top kept on.

Gauze or cheesecloth for strainers.

Before use, all the bottles and utensils must be scrubbed inside and out with a brush and soap, thoroughly rinsed, placed in a pail and boiled. The bottles need not be wiped if set to drain from the boiling water. As each bottle is emptied at feeding, it should be rinsed out with cold water at once, scalded and left filled with water. All should be boiled daily before filling.

BOTTLE NIPPLES

Use only nipples that slip over the neck of the bottle, and have a nipple for each bottle. They should be turned inside out, for cleaning. The hole should be just large enough so that the milk drops slowly from it when the bottle is turned upside down.

Nipples with long tubes are dangerous.

Rinse the nipples immediately after using, and place in soda water, (baking soda one teaspoonful to one half pint of warm water,) to make it easier to clean them.

THE SECOND SUMMER

It has been a tradition that the second summer is a very difficult time for the baby and the trouble has been laid to teeth. We now know that wrong feeding is chiefly responsible for a sick baby when the hot weather comes. A baby may be fretful with uncomfortable gums, as the teeth grow through, but the diarrhoea and digestive disturbances are not caused by the teething. Here we repeat again, the baby getting its own mother's milk is the lucky baby, and if he cannot have that, he must have carefully prepared and pasteurized, or boiled, fresh cow's milk. No baby can safely be given even little tastes of candy, pickle, cake, butter and other table food.

Biting on an ivory ring helps him to "cut" his teeth. It must be kept clean.

If his digestion is tampered with, trouble may be expected. Second summer troubles need not appear if the proper care is taken.

Oatmeal or barley jelly may be added to the milk at the ninth month, and at the twelfth month a small piece of well toasted

bread, or a dry crust, may be given to "chew on" once or twice a day. Give no candy or sugar; it makes a "sour stomach." Meat broth with toasted stale breadcrumbs may be given.

The number of feedings at fifteen months should have been reduced to four in the twenty-four hours.

By the eighteenth month, baked apple pulp, baked potato, well-cooked spinach, beets and vegetable soups may be given.

It pays to give the baby only cooled boiled water to drink between his regular feedings, and plenty of it. The water having been boiled and cooled, should be put in clean glass jars, kept in the refrigerator. Trust no unboiled water for your baby, however "pure" it is said to be.

INFLAMED EYES

Sores eyes are very dangerous, especially in the new-born baby. If the eyes are reddened, with lids swollen or with drops of matter in the corners, prompt attention should be given. Every hour of delay increases the danger. Call a doctor at once. While waiting, after thoroughly cleansing the hands, bathe the baby's eyes every half hour, with cotton balls, dipped in boric acid solution, 1 teaspoonful to a glass of boiled water. Open the lids wide, flush the eye generously, turning the baby's head to one side to let the solution flow away from the nose. Use separate cotton balls for each eye. Have the solution comfortably warm,—not too hot.

If the inflammation is caused by disease germs they may get on your hands,—wash them carefully, therefore, after, as well as before, treating the eyes and dip them in an antiseptic solution before drying. Let no one else touch the baby till it is known that the soreness is not something that can be caught, and only a doctor or nurse can tell this.

Do not take friendly advice from neighbors who know no more than you. The baby may become blind if the wrong thing is done. The doctor's advice is the important and only thing to follow. Swelling, redness and any discharge are danger signals.

Other things than germs may be to blame,—strong sunlight, soapy water, etc., but never take for granted that the cause is simple and not dangerous.

TEETHING

Teething is not a disease but a natural happening and should not make the baby ill. If the baby has trouble when he is teething, consult the doctor. The gums do not become inflamed unless something is wrong.

There are twenty teeth in the first set, ten above and ten below. The beginnings of both sets are in the gums at birth and grow as the baby grows, beginning to cut through at about the sixth month.

The teeth appear in groups. There are five groups with intervals between their appearance.

TEETHING TABLE

First group.	6 to 9 mos.	Central Incisors,2 below.
Second group	8 to 12 mos.	Central Incisors,2 above.
		Lateral Incisors,2 above.
		Lateral Incisors,2 below.
Third group.	12 to 15 mos.	First Molars,2 below.
		First Molars,2 above.
Fourth group	18 to 24 mos.	Canines (also called, ..2 below.
		"Stomach" and "Eye"), 2 above.
Fifth group.	24 to 30 mos.	Second Molars,2 below.
		Second Molars,2 above.

At 1 year — 6 teeth.

At 1½ years—12 teeth.

At 2 years—16 teeth.

At 2½ years—20 teeth.

Healthy babies do not always cut their teeth according to this table, and though perfectly normal, may vary somewhat in the time and the order. A baby who has no teeth at the end of the first year is not developing properly. The diet may be to blame. Consult a doctor.

NORMAL BABY DEVELOPMENT TABLE

A normal baby will show the following characteristics as it grows:

1. A steady gain in weight.
2. A good appetite, no vomiting or "spitting up."
3. A clear, soft, pink skin.
4. Bright eyes, with a contented expression.
5. Peaceful sleep, with mouth and eyes tightly closed.
6. Constant growth in stature and intelligence.
7. Alert little muscles that make the body springy and active.
8. Regular bowel movements of normal color, number and consistency.
9. From 3d. to 4th. months, coos.
10. From 3d. to 5th. months, laughs aloud.
11. From the 4th. month, holds his head up unsupported.
12. From the 5th. to 7th. month, reaches for toys and holds them; begins to be sociable and will try to talk; likes attention; begins to cut his teeth.
13. From the 7th. to 8th. month, is usually able to sit erect, hold the spine erect and will try to creep.
14. From the 9th. to 10th. month, will try to bear his weight on his feet.
15. From the 11th. to 12th. month, can pull himself up and stand with help.
16. At one year, can usually speak a few single words and at the end of the second year, can make short sentences.
17. At the 14th. month the fontanelle begins to close. Is fully closed from the 18th. month to 2 years.

DEVELOPMENT CHART

Birth; date Normal or complicated

Birth recorded: place Number of birth certifi-
cate.....Condition at birth.....Weight.....
pounds.....ounces. Breast-fed.....months. Bottled
.....months. Weaned at..... months. Sat alone at
.....months. Crept at..... months. Walked at.....
months. First word.....at.....months. Sentence
.....at..... months. First tooth at
.....months. All temporary teeth at..... months. Illness-
es with dates

.....

.....

.....

.....

.....

.....

Operations:

Vaccinated for smallpox..... Immunized from diphtheria
.....

Results of physician's examinations:

1.
2.
3.
4.
5.
6.

APPENDIX

A. Receipts:

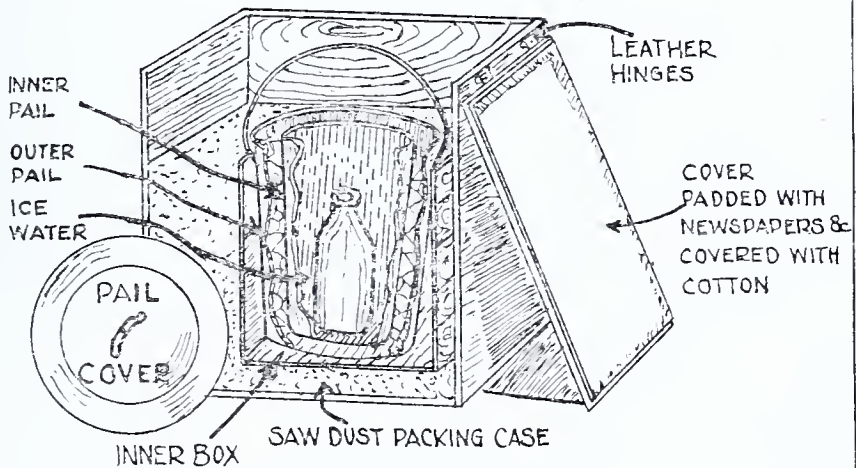
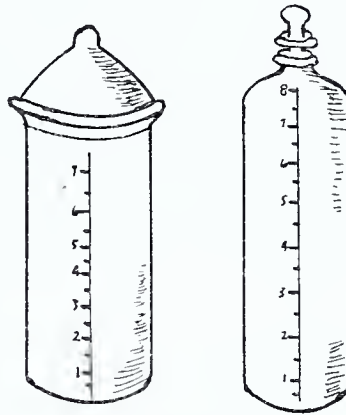
PRUNE PULP: Wash the prunes thoroughly. Soak them overnight. Cook the next morning in the same water in which they were soaked. A little cooking will make them perfectly tender. The clear juice is laxative. Squeeze the pulp through a fine colander. This may be given to the baby in the second year.

OATMEAL JELLY: One pint of water in a double boiler; add $\frac{1}{2}$ teaspoonful salt. Pour in slowly $\frac{1}{2}$ cup of oatmeal flakes, stirring all the time. Cook three hours and strain through wire sieve. Cool and place in the refrigerator.

BARLEY WATER: Two tablespoonsful barley flour. Make it into a paste with cold water and add one pint of boiling water, stirring all the time. Add a pinch of salt, and cook for one hour. Add boiling water at the end of the cooking until there is a pint of the mush. Strain, cool, and place in the refrigerator. If gruel or jelly is desired use 2 to 8 times as much flour to the same quantity of water. Pearl Barley may be used. Soak the grains overnight in that case and cook for three or four hours, using a heaping teaspoonful to the pint of water.

BEEF JUICE: A small meat press may be used, or a wooden lemon-squeezer. Partially broil, on both sides, a piece of "top round of beef." The juice may be warmed by setting the cup holding it into hot water, not heating directly.

TWO TYPES OF BOTTLE, THE NIPPLE MUST BE
ONE WHICH CAN BE TURNED INSIDE OUT.



HOME MADE REFRIGERATOR

B. Home-made Ice box.

Take an ordinary wooden box, or a large tin biscuit box. Nail ten or twelve layers of newspaper on the inside of the cover if the wooden box is used and tack a piece of muslin or cheesecloth over all. A galvanized iron pail with a cover is set down in, on a layer of sawdust, and surrounded, to within an inch of the top, by sawdust. Inside the pail place a smaller pail, or a piece of stove-pipe. Place ice between the inner and outer pails. The bottles of milk are set inside the pail or stove-pipe. The cover is placed on the pail, the cover of the box shut down and the whole kept in a cool place.

C. Sample Diet at the end of the First Year. (From L. E. Holt, M. D.)

6:30 a.m. Milk, 6 to 7 ounces, diluted with oatmeal or barley gruel, 2 to 3 ounces, given from a cup or spoon.

9:00 a.m. Orange juice, one to two ounces.

10:00 a.m. Milk 4 to 6 ounces, with gruel 3 to 4 ounces.

2:00 p.m. Beef juice, 1 to 2 ounces, or $\frac{1}{2}$ soft egg, or mutton or chicken broth, 4 to 5 ounces, green vegetables, one teaspoonful. (Spinach, beet tops, string beans, asparagus tips, very young green peas; rub to smooth pulp and put through a sieve.)

One slice crisp toast.

Milk, 4 to 5 ounces, from a cup.

6:00 p.m. Same as at 10:00 a.m.

10:00 p.m. Same as at 6:30 a.m. but from bottle.

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